

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/904182	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1									
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7	1		1									
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10		1		1								
11		3		1								
12	1											
13	1		X	X								
14		1		1								
15		1		1								
16	1		1									
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TOTAL IND.			7				TOTAL IND.	16		12		
TOTAL DEP.							TOTAL DEP.	39		103		
TOTAL CLAIMS							TOTAL CLAIMS	55		115		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS